

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

STATE OF HAWAII (Type or Print Clearly)

	(Type o	r Print Clearly)	STATE ETHICS CUMMISSIUM
PARTI LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Fujimura	Susan	Α.	(808) 524-1800
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 Bishop Street, Suite	EMAIL sfujimura@ahfi.com		
(City)	(State)		(Zip Code)
Honolulu,	Hawaii		96813
EMPLOYING ORGANIZATION (Fill in o	o lobby) TELEPHONE		
Alston Hunt Floyd & Ing	(808) 524-1800		
MAILING ADDRESS (Street)			FAX (808) 524-4591
1001 Bishop Street, Suite	EMAIL		
(City)	. (State)	,	(Zip Code)
Honolulu,	Hawaii		96813

PART II ORGANIZATION NAME OF ORGANIZATION YOU LOS	TELEPHONE	
	(480) 948-4948	
Pfizer		
MAILING ADDRESS (Street)	FAX	
5429 E. Caron Street	EMAIL	
(City)	(State)	(Zip Code)
Paradise Valley	AZ	85253
NAME OF PERSON RESPONSIBLE FOR	TELEPHONE	
Shelby Fletcher		(480) 948-4948
MAILING ADDRESS (Street)		FAX
5429 E. Caron Street		EMAIL
		jgamel@arda.org
(City)	(State)	(Zip Code)
Paradise Valley	AZ	85253

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☑ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATIO	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
5-31-13					
(Signature of Loobyist) (Date)			(Date)		
PART V AUTHORIZATION	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Shelby Fletcher	Government Relations Director				
NAME OF ORGANIZATION (if a	oplicable)		TELEPHONE		
Pfizer			(480) 948-4948		
MAILING ADDRESS (Street)			FAX		
5429 E. Caron Street			EMAIL gamel@arda.org		
(City)	(State)		(Zip Code)		
Paradise Valley	AZ		85253		
I hereby authorize the apove இவனை person to engage in lobbying activities on behalf of the undersigned.					
I Strillad	XIII		teb. 12, 2013		
(Stanature of Ad	monzing Officer or Person Repre	sented)	(Date)		

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